

CLAIMS ONLY

Application Number:

.. Filling Date

101673,044

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep.	Depend.	Indep.	Depend.	Indep.	Depend.
1						
2						
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46						
47						
48						
49						
50						
Total						
Indep.	1					
Total						
Depend.	0					
Total						
Claims	1					